School/Group List
TCAP-ALT Portfolio Assessment

System Name:_____ System Number: _____

School Name:_____ School Number: _____

Contact Person: _____

Phone Number: _(____)_____

GENERAL INSTRUCTIONS: **Do not list more than one school on this form.** Every Group Information Sheet (GIS) completed by your school should have an identical entry on the lines below. DOE uses the School/Group List to double-check that we have received all your groups of portfolios.

State Use Only	Teacher Last Name Please print teacher's name and spell **EXACTLY** as written on Group Information Sheet	Teacher First Name	Grade	Number of Portfolios Submitted
Total Number of Portfolios submitted (to include all pages)				

Thank you for providing us with your contact Information. The State utilizes this information to ensure proper processing of your test materials.

ED – 5252
Department of Education